

# Schwab Stock Plan Services Notice of Intent to Exercise

*charles* SCHWAB

1-800-654-2593  
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Your company, the "Issuing Company," may require you to complete an internal Notice of Intent to Exercise form that must be delivered directly to the company, instead of, or in addition to, this Schwab form. It is your responsibility to find out whether or not your company requires such an internal form. **Failure to file the proper internal form directly with the Issuing Company may render your stock options worthless.** Please contact your company's Stock Plan Administrator or Schwab Stock Plan Services at 1-800-654-2593 about your company's internal form requirements.

If this form, Schwab's Notice of Intent to Exercise, is required by your company, please complete and sign the original copy and return it to: Schwab Stock Plan Services, Charles Schwab, Mail Stop 03-410, 9601 East Panorama Circle, Englewood, CO 80112-3441. Please make a copy for your records.

**Please supply the following information:**

Your Name (please print)	Your Company's Name (Issuing Company)	Your Business Phone Number
Your Schwab Account Number	Your Social Security Number	Employee ID

I hereby give my notice of intent to exercise options granted to me, entitling me to purchase shares of common stock of the Issuing Company on payment in the amount set forth below of the exercise price for said shares and satisfaction of all other requirements of the option grant. I acknowledge that completion of this form, or any other Schwab form, does not complete my stock option exercise, and that I must also call Schwab Stock Plan Services at 1-800-654-2593 or log on to <http://eac.schwab.com> to exercise my options. I understand that Schwab may verify the availability of my stock options with the Issuing Company but is not obligated to do so. I understand that Schwab will rely upon the representations made herein with regard to stock option exercises and that I will be held liable for any loss or claim Schwab may suffer which may result from any such representations which may prove inaccurate. I understand that it is my sole responsibility to file any internal forms required by the Issuing Company, and to contact the Issuing Company on or before the expiration date of the options to ensure that the exercise of the options will be effected. I authorize Charles Schwab & Co., Inc. to issue funds to the Issuing Company from my account referenced above in payment for an option exercise as follows:

Grant ID	Number of Shares	Exercise Price	Grant Date	Option Type—NQ/ISO

Check the appropriate boxes:

- a)  I am     I am not    an officer, director or 10% shareholder of the Issuing Company.  
 b)  I have     I have not    ever been notified by the Issuing Company that I am an "affiliate," as defined in Rule 144 under the Securities Act of 1933, as amended.

Has the Issuing Company terminated your employment or have you resigned?     Yes     No

Do you anticipate any change in your employment status within the next 30 business days?     Yes     No

If you answered "yes" to either question, your company may immediately invalidate your options or allow you only a brief period within which you must exercise all your vested options. Please check with your Stock Plan Administrator and notify Schwab of the expiration date of your options.

By signing below, you understand it is your responsibility to confirm the expiration date(s) of your options with your company's Stock Plan Administrator and to inform Schwab of the correct date(s) and reason(s) for any change.

**Signature and Date Required**

<b>X</b> Signature	Print Name	Date
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